

Home Health Technical Advisory Committee Meeting Minutes

May 27, 2015

Technical Advisory Committee Members present:

Susan Stewart- System Director, ARH- KHCA
Rebecca Cartright- Executive Director, Baptist- KHCA
Billie Dyer- MEPCO Home Health- KHCA
Sharon Branham- KHCA

Department for Medicaid Services staff present:

Stephanie Bates- Division of Program Quality and Outcomes
Gregg Stratton- Division of Community Alternatives, HCBS Branch Manager
Lynne Flynn- Medicaid Commissioner's Office, Advocacy Liaison
Erin Varble- Division of Community Alternatives, Director's Office

Department for Aging and Independent Living staff present:

Tonia Wells- DAIL
Phyllis Culp- DAIL

Manages Care Organization representatives present:

Stephanie Jamison- Wellcare
Holly Garcia- Coventry
Laura Crowder- Coventry
Daniel Blouin- Humana Care Source
Matt Fitzner- Anthem
Jack Bolos- Passport

Others Present:

Nikki Martin, RN- HP
Pam Smith- HP
Annette Gervais- Operations Manager- KHCA

The Home Health Technical Advisory Committee met on May 27, 2015 at 11:00 AM. Meeting was chaired by Sharon Branham, KHCA.

- I. Meeting was called to order
- II. Introductions were made.
- III. Motion was made to approve minutes from March 25th meeting. Accepted, seconded.
- IV. MWMA Transitions-
 - a. Training schedule- Can reschedule the training for the same day as the KHCA meeting?
 - b. Conference Call last week was for people who couldn't attend the forums.
 - i. Sent case managers instead of management.

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- c. Training in June is for case managers- to cover transitions and overall information. These are actually for HCBS changes not MWMA.
 - d. Resend the schedule to Sharon with clarification for what it is to cover in HCBS. And who should attend.
 - e. What's the difference between the HCBS forums and the MWMA?
 - i. HCB trainings- changes and processes that is programmatic.
 - ii. MWMA- show you how to utilize these trainings in the system.
 - 1. On-Boarding- case managers enter all their clients information.
 - f. Having BIG trouble on-boarding case managers.
 - i. Case managers cannot even access the system.
 - ii. Of the applications submitted to MWMA system.
 - 1. 105 total submitted.
 - a. 75 referred to HCB
 - b. 1 to SCL
 - c. 1 Rejected
 - d. 32- already receiving services.
 - i. Don't need to be entered with an application. They need to go somewhere else.
 - ii. Need to find out how to do reassessments.
 - 2. Calls with individual agencies that are having troubles.
 - a. Touch Point calls.
 - b. Request a call. Invites have been ending up in junk/spam folders.
 - c. Gregg to send Erin info on how to schedule
 - g. Reassessments.
 - i. Do not transition until clients are reassessed.
 - 1. If they have reassessment from now until June 30th- don't transition until they are reassessed.
 - 2. Recerts after July 1, go ahead and transition into MWMA.
 - a. Enter demographics, name, etc.
 - b. Once get LOC's- can transition into MWMA.
 - 3. Tonia to send original email/info to Sharon.
 - 4. Patients entered incorrectly- Leave them alone for now. Need to focus on those who need to be on boarded now.
 - ii. Not getting provider newsletter- contact Tonia
 - h. As of July 1- all new assessments completed by DAIL.
 - i. Start process early enough that there will be no lapse in service.
 - i. Pam and Tonia to research manual for assessment timeframe.
- V. Provision of Services-
 - a. Going to be late.
 - b. Lots of confusion, saying they didn't get it.
 - c. Looking for a checklist.
- VI. Provider Enrollment Update-
 - a. Veronica usually has the numbers, but haven't seen anything at this time.
 - b. Lynne to see if she can find the numbers. (PDN and Therapies)
- VII. WellCare- Talked with Pat- all of these are under works.

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- a. Task Force- Awaiting Therapy TAC member.
- b. PA Numbers- Don't match (verbal and what is on fax) - Have to take back on skilled and therapies.
- c. Follow up on timelines- for therapies- take back as well.
- d. Quarterly PA on EPSDT- Still Good
- VIII. ANTHEM
 - a. Update about back log on therapy issues PS- Medicare authorization process- been resolved
 - b. Supplies per diem update- Claims edit was turned on in error. Been resolved. Reprocessing supposed to be in process- but no update on where they are in reprocessing.
- IX. Coventry
 - a. MAP 130 plus standard PA form-
 - i. will accept either/or, but will be helpful to have both.
 - b. Signed Physician orders upon requesting PA-
 - i. not required until after 21 days, if requesting a re-authorization. Will accept a verbal order prior to the 21 days, but must have all pertinent info.
 - c. Second day request for additional information and allowing only 2-3 days for that additional info to be submitted-
 - i. Never received the initial request for additional information.
 - d. Fax authorizations no longer being sent consistently and are now coming via voice mail, and do not contain all info, or are rushed and difficult to understand. –
 - i. Calling customer services or PA hotline? Should roll to someone. Will send a fax per request.
 - e. Patients receiving letters that InterQual criteria were not met due to the lack of the following information: member agreement to participate in HHC and MD signed order for treatment.
 - i. Info to go to Holly for her to follow up.
 - f. Changing POT when ordered by a physician and tendency not to receive the PA due to “doubling up” for request.
 - i. Send examples
 - g. Please advise if all MCO are going to require MD signed orders, telephone orders, etc. when requesting PA.
 - i. No
- X. EPSDT- Transitioning patients billing.
 - a. Billy had call with 4 other agencies trying to figure out how this process is going to work.
 - b. Regulation for programmatic changes, billing regs for traditional services.
 - c. Billy/State to send out all these questions to the MCO's and collect all answers in one place.
- XI. Pickle amendment- Once request sent in, where is the follow up?
- XII. Adjourned